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Bib Data Sheet

CONFIRMATION NO. 8884

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|---|--|-----------------------------|-------------------------------|--------------------------------|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| SERIAL NUMBER 09/854,764 | FILING DATE 05/14/2001 RULE | CLASS 348 | GROUP ART UNIT 2612 | ATTORNEY DOCKET NO. | | | | | | |
| APPLICANTS Carlos A. Hoyos, Woodland Hills, CA; | | | | | | | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/203,818 05/12/2000 ✓ AND CLAIMS BENEFIT OF 60/085,674 05/15/1998 | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 07/12/2001 | | | | | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | STATE OR COUNTRY CA | SHEETS DRAWING 10 | TOTAL CLAIMS 48 | INDEPENDENT CLAIMS 3 | | | | | | |
| ADDRESS IRELL & MANELLA LLP 1800 Avenue of the Stars, Suite 900 Los Angeles ,CA 90067 | | | | | | | | | | |
| TITLE Telecontrol for remote control operation | | | | | | | | | | |
| FILING FEE RECEIVED 672 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table> | | | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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| <input type="checkbox"/> Other _____ | | | | | | | | | | |
| <input type="checkbox"/> Credit | | | | | | | | | | |